



PETITIONER
NAME &
ADDRESS

TOWN OF SEEKONK

PLANNING BOARD

LOCATION (from Assessors' Office)
PLAT AND
LOT NOS.

PRESENT
ZONING

DATE OF THIS
DOCUMENT

First Record Date
Planning Board Use Only

FILE:
TITLE:

FORM
B

APPLICATION FOR APPROVAL OF PRELIMINARY PLAN

File two (2) completed copies of this application: One (1) copy with the Planning Board and One (1) copy with the Town Clerk in accordance with the requirements of §4.1 and §4.2.1 of the Planning Board Regulations.

It is the responsibility of the applicant to comply with the Rules and Regulations Governing the Subdivision of Land in Seekonk, Massachusetts.

To the Planning Board:

The undersigned herewith submits the accompanying the Plan of Property located in the Town of Seekonk for approval as a subdivision under the requirements of the Subdivision Control Law and the Rules and Regulations Governing the Subdivision of Land in the Town of Seekonk.

1. Deed of property recorded in Bristol County Registry, Book _____ Page _____.

2. Location and Legal Description of Property (Include Public and Private Ways Bounding Property).

3. Name of Engineer or Surveyor _____ Mass. Lic. No. _____

Address _____

4. Drawings must be submitted as follows: eight (8) copies of each drawing must be submitted in accordance with the check list on the reverse side of this application.

Received by Planning Board or Town Clerk

Date: _____

Time: _____

Signature: _____

Payment Rec'd. _____

Signature of Applicant

Address of applicant

Signature of Owner

Address